V. S. No. 1

	1,01,05,05,05,05	1066)
,	PLACE OF DEATH	STATE OF MARYLAND
	County Coul	(//7)
7		
1	COUP	Registration Dist. No. 92
ó	Village or City Clour (No.	St.: Ward) (If death occurred is a hospital or institu
cat	21. 01	tion, give its NAME in stead of street an
Œ	2FULL NAME May Elyh	Man number.)
certi	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CONTRACT
of c	3 SEX 4 COLOR OR RACE 5 SINGLE,	MEDICAL CERTIFICATE OF DEATH
×	MARRIED, WIDOWED,	16 DATE OF DEATH
on bac	I what white OR DIVORCED (Write the word)	, 192 , 192 , 192 , 192 , 193
	6 DATE OF BIRTH	(Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended the deceased from
8	aks 19 ,921	acy & 192 1 to Sg / 4 4 to 192 /
nction	(Month) (Day) (Year)	that i last saw h Qualive on 18 18 3 41 192/
	7 AGE [If LESS than	
str	I day hrs.	
ing	yrsmos/ Q ds. ormin.?	
nt. See i	8 OCCUPATION (a) Trade, profession or	mas
	particular kind of work More	Castron to it and a second
	(b) General nature of industry business, or establishment in	wastro-enterstee, Duration, 3 weeks. Carlo B.
rta	which employed or (employer)	(Duration) yrs. mos D ds.
odL	9 BIRTHPLACE (State or country)	Contributory
=	bid	(Dyfatfon)
ery	10 NAME OF BOLLA A	(Signed) Jacob Jugunald M.D.
> 0	Walph Waison	1 0111
2	OF FATHER	#State the Disease Courier Death
2	Z (State or country) 12 MAIDEN NAME	*State_the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal,
1	OF MOTHER	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
2	13 BIRTHPLACE	ients or Recent Residents)
3	OF MOTHER	At place In the of deathyrsmosds. Stateyrsmosds.
2	(State or Country)	Where was disease contracted,
2	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
	(Informant) I alph allamon	usual residence
	(Address) month East. Md	19 PLACE DE BURIAL OF REMOVAL PATE OF BURIAL
	(Address) Nov Cash, VVIII	Bethe M. J. Cemely Sept 5, 1931
'	15 Filed Sent 5 1921 - haun Frager	EO UNDERTAKER ADDRESS
	Registrar	Joseph K rank holls Carl
	If more branks are needed, address State Registrar,	16 W. Saratoga St., Balto., Requesting V. S. No. 1.
		L'

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative healthtired 6 yrs). For persons who have no occupation business, that fact may be indicated thus; Farmer (re or given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook ployed as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a laborer, Farm taborer, Laborer view of the en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary firemon, etc. But in many Physician, Compositor, Architect, Locomotive engineer, Statement of Occupation-Precise statement of ocwhatever, write Nonc. Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons en-Foreman, (b) Automobile foctory. The muteria For many occupations a single word or term on or At Home, and children, not gainfully emwithout more precise specification as Day (b) Grocery,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accept ted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphilieria avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronehopneumonia ("Pneumonia,")

answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is

permanently filed

American Medical Association.) "PUERPERAL septicuemia," "PUERPERAL peritonitis, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc., "Dropsy," "Exhaustion," "Heart failure," "Hacmorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. use of "Tumor" for malignant neoplasms); Measles, inges, perilonoeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, menapproved telanus) may be stated under the head of "contributory." carbolic acid-probably succide. The n ture of the injury, accident; Revolver wound of heador as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-(secondar/ Chronic interstitial nephritis, (Recommendations on statement of cause of as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway train-If this "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-. (name origin; "Cancer" is less definite; avoid certificate is looked over thoroughly and al quistions by Committee on Nomenclature of the cough; or intercurrent) Chronie Example: Measles (disease valvular affection need etc. The contributory -homicide; Poisoned by heart disease; not be death

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastraenteritis	1 year
	the same of the sa		

ADDITIONAL SPACE FOI	FURTHER	STATEMENTS	BY	PHYSICIAN
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A-	STATE OF MARYLAND—	CERTIFICATE OF DEATH 10663
a of infor- ould state OCCUPA-	1. PLACE OF DEATH	46
	County Cecel	Registration Dist. No. 73
item of should of OCC	Village or City Cononenso	No. St., Ward f death occurred in a horpital or institution, give its NAME instead of street and number)
i s i		s,ds. How long In U.S. if of foreign birth?yrsmosds.
ORD. Every PHYSICIANS oct statement	2. FULL NAME Glorice Henson Bo	Men -
ate in E	(a) Residence: No.	St., Ward.
S. F. S.	(Usual place of abode)	If nonresident give city or town and State
Exact	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	Male A COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the ward)	21. DATE OF DEATH Sept 8 (Month) (Day) (Year)
0 61 5	5a. If married, widowed, or divorced HUSBAND of	22. I HEREBY CERTIFY. That I attended deceased from
BINDIN FERMANI EXACT y classific	(or) WIFE of Rose Boyer	ang 16 1901, to Sept 6, 1931
BIN EX EX y cl	6. DATE OF BIRTH (month, day, end year) Salar 7 1881	I last saw h saw alive on Septh 5 1931; death is said
OR BI A PE ated E operly	7. AGE Years Months Days If LESS than	to heve occurred on the date stated above, at 12 19, m.
FOR IS A I stated properlifical	50 2 1 day, hrs. or min.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
- 70	8. Trade, profession, or particular kind of work done, as SPINNER,	Karemonia of Liver and
VED THIS d be ty be tk of	SAWYER, BOOKKEEPER, etc. 7	- Noor
SERVI NK-T should it may n back	work was done, as SILK MILL, SAW MILL, BANK, etc.	
(() (-)	10. Date deceased last worked et this occupation (month and spant in this	
RES NG I AGE that	year) Cut 9 - 1-8 - Occupation (Remail	Other Contributory Causes of importance:
E-1 1 0 000	12. BIRTHPLACE (city or town) / owlandwell (State or country)	-
ARGIN UNFADI: upplied. terms, so	E 13. NAME Edward Borser	
The part of		Name of operation Date of
0.7	14. BIRTHPLACE (city or town) 10 w & Sin day	What test confirmed diagnosis? Was there an autopsy?
r, WIT, carefully EH in pla	# 15. MAIDEN NAME Margart Somith	23. If death was due to external causes (VIOL ENCE) fill in also the following:
INLY, WI be careful important.	16. BIRTHPLACE (city or town). Consumings	Accident, suicide, or homicide? Date of injury, 19
	(State or country) (exil Po	Where did injury occur?(Specify city or town, county and State)
ADDA	17. INFORMANT Leves Boyler (Address) Consoning and	Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
40	18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
WRITE nation should be caused	Plece Pt Date Date 1957, 1957	Nature of injury.
-WRITE mation s CAUSE TION is	19. UNDERTAKER L. G. JYSJON	24. Was disease or injury in any way related to occupation of deceased?
S. No. 1	(Address) Resing sun. (md.	If so, specify
oi .	20. FILEB 9 - 7 103/17	(Signed) M. D
(F)	Zm. romingla Registrar.	(Addressy Aller Drum fff
00	must want group olany on needed against State Registrar,	, 2411 N. Charles Street, Baltimore, Requesting V S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	Example II		
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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
<u> </u>			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

N. B. Eyery Item of Information should be carefully supplied. CIANS should state CAUSE OF DEATH in plain terms setatement of OCCUPATION is very important. See instru
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V. S. No. 1

PLACE OF DEATH County Ceel	16664 STATE OF MARYLAND CERTIFICATE OF DEATH
County	Registration Dist. No. 92
Village or City providence (No	St.: Ward) St.: Ward) Abospital or institution, give its NAME insteed of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, Married WIDOWED. WIDOWED. (Write the word)	16 DATE OF DEATH 2
G DATE OF BIRTH Felley 27, 1884 (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from 192 / to 2 , 192 , thet I last saw h lastive on 2 , 192 ,
7 AGE # 7 yrs. 6 mos. 6 ds. ormin.?	and that death occurred on the date stated above, at
8 OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry	auf Bullion
Business, or establishment in which employed or (employer)	Contributory Contributory Contributory
(State or country) Manylacel 10 NAME OF FATHER	Secondary Duration) Tres
11 BIRTHPLES	SEP 3 1931 (Address) Elle 2 ppf
OF FATHER (State or country) (State or country) (State or country) (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, atate (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Hester a, Patto 13 BIRTHPLACE OF MOTHER Massland	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of deathyrsmosds.
(State or Country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where wes disease contracted, if not at place of deeh?
(Informant) Mrs Hester a Warrength	peuel gesidenco
(Address) Seklere Md RDJ-	Therey Hell leveley left 5- 1951
15 Filed Sefer 2: 1923 (Fraum Boyes	20 Mos Ray Cellen mel
If more blanks are needed, addre.s Ltate Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emhousehold only (not paid Housekeepers who receive a ployed, as At school, or At home. Care should be taken fulness of various pursuits can be known. The quescupation is very important, so that the relative healther," etc., without more process coal mine, etc. Wom-laborer, Farm laborer, Laborer—Coal mine, etc. Wom-en at home, who are engaged in the duties of the should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the husiness or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of octired 6 yrs). Civil engineer, Physician, Compositor, Architect, Locomotive engineer, whatever, write None. business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons en-Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Foreman, For many occupations a single word or term on (b) Cotton mill; (a) Salesman, (b) Grocery; eman, (b) Automobile factory. The material For persons who have no occupation Stationary fireman, etc. But in many

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. (secondary or intercurrent) affection need not be Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menand qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "(Exhaustion," "Heart failure," "Haemorrhage," "Shock," telanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. taken. For violent deaths state means of injuny State cause for which surgical operation was underapproved by Committee on Nomenclature of the carbolic acid—probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by railway train-American Medical Association.) (Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., sepsis, "Atrophy." "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-"Heart failure," "Haemorrhage, Example: Measles (disease "Senile," etc.), "Dropsy,"

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

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PLACE OF DEATH County County	STATE OF MARYLAND CERTIFICATE OF DEATH
County County	CERTIFICATE OF DEATH Registration Dist. No. 92
Village or City Geleton McNo. W	Ward) (If death occurred in a hospital or institu- tion, give its NAME in- étead of street and
²FULL NAME	/Scutou_ number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH Steaker 12 , 1923/
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
(Month) (Day) (Year)	that I last saw halive on, 192, 192,
7 AGE	0 -
(a) Trade, profession or particular kind of work (b) General nature of industry	Enelso:
business, or establishment in which employed or (employer)	(Duration)yrsmosds.
9 BIRTHPLACE (State or country) Maryland	Contributory Secondary (Duration) Jis., mos., ds.
10 NAME OF John Nestley Burton	(Signed) M. D. M.
OF FATHER (State or country) Maryland	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Mary Susteth dockard	18 LUNGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country) Maryland	At place of death
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of dea h?
(Informant) Hospilal second	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address)	Marento- 19
15 Filed Jent 17 1923 J. Brul Day C	20 UNDERTAKER ADDRESS
If more hanks are needed, addre a Ltate hegistra	r. 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Consus : nd American Fublic Health Association.)

state occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, Housewhatever, write Nonc. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook ployed, as At school, or At home. Care should be taken en at home, who are engaged in the duties of the should be used only when needed. As examples: (a) Housemaid, etc. to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a er," etc., worked on may form part of the second statement. Never return "Laborer," "For man," "Manager," "Deal-Spinner, (b) Collon mill; (a) Sulesman, (b) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e g., Farmer or Planter, tion applies to e:ch and every person, irrespective cf fulness of various pursuits can be known. The ques-Statement of Occupation - Precise statement of oclaborer, cupation is very important, so that the relative health-Foreman, For many occupations a single word or term on or At Home, and children, yrs). Farm laborer, without more precise specification as Day For persons who have no occupation (b) Automobile factory. The material If the occupation has been changed Laborer--Coal minc, etc. Womnot gainfully em-Grocery;

Strtement of Cause of Death—Name, first, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same dise se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebros in in manination"); Dinhlheria (avoid use of "Croup"); s in mal menination, Dinhlheria (avoid Pneumonia"); Tythoid fever (never report "Typhoid Pneumonia,"); Lobur pneumonia, Bronchopneumonia ("Pneumonia,")

(letanus) may be stated under the head of "contributory." approved by Committee on American Medical Association.) accident; Revolver wound of head-homicide; Poisoned by "Debility" ("Congenital," "Senile," etc.), "Dropsy," "E.haustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weaknoss," etc., when a definite disease (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The n.ture of the injury, or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, diseases resulting from childbirth or miscarriage as st_ted unless important. Example: Measles (disease inges, reritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid Examples: Accidental drowning; Struck by railway traintaken. FOR VIOLENT DEATHS State MEANS OF INJULY State cause for which surgical operation was under-"PUERPERAL seplicaemia," "PUERPERAL perilonilis," etc. tions, such as "Asthenia," "Anaemia" (merely symptom-10 ds. Never report mere symptoms or terminal condicausing death), 29 ds.; Bronchopncumonia (secondary), (secondary or intercurrent) affection need Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; can be ascertained as the cause. Whooping unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Com2," "Convulsions, cough; Chronic etc. valvular heart Nomenclature of the The contributory Always qualify all disease; not be

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1	V	U	U	10

PLACE OF DEATH

(126)

STATE OF MARYLAND CERTIFICATE OF DEATH

	Registration Dist. No. 94
Village or City worth Each (No.	St.: Ward) (If denth occurred in a hospital or institu-
2FULL NAME amie Fours	stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Femal White Single, Widows OR DIVORCED OR DIVORCED (Write the word)	16 DATE OF DEATH 7
6 DATE OF BIRTH (Month) (Day) (Year)	(Month) (Day) (Year)
7 AGE 8 2 yrs. 8 mos. 2 2 ds. or min.?	and that death occurred on the date stated above, at
(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)	(Duration) mos ds. Contributory Sull fluid.
(State or country) 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) (State or country) (State or country)	(Signed) (Duration) yrs mos ds. (Signed) M. D. *State the lisease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or Country) Manyland	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of deathyrsmosds. Where was disease contracted, if not at place of death?
(Informant) Cook Made (Address) And Cook Made (Address) Made (Addr	if not at place of dea.h? Former or usual residence
Registrar If more banks are needed, address tate Registrar	, 16 W. Stratoga St., Balto., Requesting V. S. No. 1.

7. 8. No. 1

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(Approved by U. S. Census and American Public Health Association.)

household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Housefulness of various pursuits can be known. The questired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from guged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed en at home, who are engaged in the duties of the (a) Foreman, Spinner, (b) Cotton mill; (a) Salesman. (b) should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an Civil engineer, Stationary freman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, cupation is very important, so that the relative healthwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enployed. as At school, or At home. Care should be taken worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealsary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, tion applies to e.ch and every person, irrespective of Statement of Occupation-Precise statement of ocetc., or At Home, and children, not gainfully em-For many occupations a single word or term on Farm laborer, Laborer .- Coul mine, etc. Womwithout more precise specification as Day (b) Automobile fuctory. The material Grocery;

Statement of Cause of Death—Name, first, the Dis-EAST CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted terin for the same disease. Examples: Cerebrosymul fever (the only definite synonym is "Epidemic eerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> approved by Committee on Nomenclature tetanus) may be stated under the head of "contributory." stated unless important. (Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The n.ture of the injury, accident; Revolver wound of head-homicide; Poisoned by taken. For violent deaths state means of injuny "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all "(Erhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, causing death), 29 ds.; Bronchopneumonia (secondary), inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., oi Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL. State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) affection need not be use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) Whooping cough; Chronic Chronic interstitial nephritis, "Atrophy," "Collapse," "Coma," "Convulsions, .. (name origin; "Caneer" is less definite; avoid Never report mere symptoms or terminal condi-Chronic valvular heart discase; Example: Measles (disease etc. The contributory

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8 48

STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH Registration Dist. No. (If death occurred in a hospital or institution, give its NAME instead of street and number) How long in U.S. if of foreign birth? CIANS Length of residence in city or town where death occurred 2. FULL NAME St. Ward (Usual place of abode) If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED. 21. DATE OF DEATH OR DIVORCED, (write the word) Luglo 5e. If married, widowed, or divorced HUSBAND of 22. I HEREBY CERTIFY. That I attended deceased from (or) WIFE of 311 6. DATE OF BIRTH (month, day, and year) certificate properly If LESS than 7. AGE Years Months Days to have occurred on the date stated ebovo, at____ 1 day hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance 13 or____min. Date of onset 8. Trade, profession, or particular THIS kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. plnous may 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc..... 10. Date deceesed last worked at It. Total time (yeers) this occupation (month end spent in this that occupation 12. BIRTHPLACE (city or town) (State or country) 13. NAME FATHE 14. BIRTHPLACE (city or town) in plain (State or country) What test confirmed diagnosis?... be carefully MOTHER important. t5. MAIDEN NAME 23. If death was due to external causes (VIOL ENCE) fill in also the following: Accident, suicide, or homicide? Date of injury 19. OF DEATH 16. BIRTHPLACE (city or town) (State or country) Where did injury occur?____ (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. 17. INFORMANT plnods (Address) ts. BURIAL, CREMATION, DR REMOVAL Manner of injury WRITE CAUSE mation Nature of injury LION 24. Wes disease or injury in any way related to occupetion of deceased? 19. UNDERTAKER (Address If so, specify (Signed) Registrar. If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

BINDING

FOR

RESERVED

MARGIN

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
<u> </u>			

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN	ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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BINDING

TARGIN RESERVED

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Example I		Example II	
The principal cause of death and related causes of importance were as follows: Arterioselerosis	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BUREAU V.S.			
Other contributory chuses of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
	f		1

Other contributory chuses of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
ADDITIONAL SPACE	E FOR FURTH	ER STATEMENTS BY PHYSICIAN	

FOR BINDING

IARGIN RESERVED

V. S. No. 1

RECEATE	1	Registration	n Dist. No.	12
No/	llewon	Thospel	al St.,	Ward
(If death occurr	ed in a hospital or instit	tution, give its NAI	ME instead of street and	number)
los ds.	How long in U.S. if	of foreign birth?_	yrs	mos ds.
eu 1	Veau			
St.,	Ward.			
		If nonreside	nl give city or town as	d State
	MEDICAL C	CERTIFICAT	E OF DEATH	
21. DA	TE OF DEATH	5.,	0	
	******	(Month)	(Day)	, 193 (Year)
		,		
22.	IHEREB	YCERTII	FY, That t attende	d deceased from
-	726	., 1950, to	Alph 9	, 19.3/
I last saw	h alive on	seps.	9 1937	; death is said
	ocurred on the date sta			
S. The PRIN	CIPAL CAUSE OF DEA	TH end related ca	uses ol importance	1 Data of second
		5		Date of onset
u	nonce	Ludoco	aliti	1930
			,	
Other Co.	at Shutary Canasa al imi	nortanca:		
Other Co	ptobutory Causes ol imp	Limbo	limin	Sept 8/3,
		1		
			~~~~~	
Name of	operation		Data at	
	confirmed diagnosis?			
	h was due to externat co			7
	suicide, or homicide?		_ Date of injury	, 19
Where did	d injury occur?	(Specify city	or town, county and Si	ate)
Specify w	hether injury occurred	in INDUSTRY, In I	HOME, or in PUBLIC F	LACE.
Manner o	1 injury			
- I Nature ol	injury			
24. Was di	sease or injury in eny	way related to occ	upation ol deceesed?	no
11 so, spe	ecifyA			
(Sign	ned) X/Je	West	Bale-	M. D.
	(Address)	Elke	or had	
ar, 2411 N. Cha	arles Street, Baltimore, 1	Requesting V. S. N	70. r.	

Registrar.

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The principal cause of of importance were as	death and related causes follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	OCT 5 1931	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephr	ritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	HUREAU V.	July 5,1927	Peritonitis	3 days ago
Other contributory car	uses of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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PLACE OF DEATH

ATE OF MARYLAND

(Approved by U. S. Census and American Fublic Health Association.)

tired 6 yrs). For persons who have no occupation whatever, write None. state occupation at beginning of illness. If retired from should be used only when needed. As examples: (a) business, that fact may be indicated thus; Former (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, House household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "For man," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesmon, additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physici:n, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary freman, etc. But in many the first line will be sufficient, e g. Farmer or Planter, tion applies to eleli and every person, irrespective of fulness of various pursuits can be known. The queseupation is very important, so that the relative health-Statement of Occupation - Precise statement of oc-Foremon, or At Home, and children, not gainfully em-For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Wornwithout more precise specification as Doy (b) Automobile factory. The material (b) Grocery;

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> tctanus) may be stated under the head of "contributory." American Medical Association.) as fracture of skull, and consequences (e.g., sepsis, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. "(E haustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, st. ted unless important. Example: Measles (disease inges, perilonaeum, etc., Careinoma, Sorcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid approved by Committee on (Recommendations on statement of cause of death corbolic acid-probably suicide. The n ture of the injury, Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopncumonia (secondary), (secondar or intercurrent) affection need not be Chronic interstitial nephritis, Whooping cough; use of "Tumor" for malignant neoplasms); unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-Chronic etc. The contributory valvular heart diseose; Nomenclature of the Meosles;

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REA

te l	STATE OF MARYLAND—C	CERTIFICATE OF DEATH 10670
stat	1. PLACE OF DEATH	
should of OCC	County County	Registration Dist. No.
should jo	Village or City Leny will, Ma. I.V.	No. St, Ward
t S	Length of residence in city or town where death occurredyrsmos.	
IA	2. FULL NAME Mutou divens	telly.
state	(a) Residence: No. (Perryfulle, Md. Sh	, St., Ward.  If nonresident give city or town and State
	(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
_ G	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
	Male white OR DIVORCED (write the world)	(Mogh) (Day) (Year)
assified.	5a. If married, widowed, or divorced HUSBAND of	22, A , I, HEREBY CERTIFY, That I attended deceased from
assi	(or) WIFE of	sept 15 ,1931, to Sept 16 ,1931
5	6. DATE OF BIRTH (month, day, and year) March 19, 1929	I last she wish alivo on selft. 151, 19.31; death is sai
half detail .	7. AGE Years Months Days If LESS than 1 day, hrs.	to have occurred on the dafe stated above, at 3. Qu., m.
properl	2 3 28 or min.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  Date of once
9 4	8. Trade, profession, or particular kind of work done, as SPINNER,	Olarto Fat Frederition Next
N H	SAWYER, BOOKKEEPER, etc	15
may back	work was done, as SILK MILL, SAW MILL, BANK, etc	192
ons on	10. Date deceased lasf worked af this occupation (month and year) spant In this occupation	.,,,
instructions	Parthe Parit mel Cx	Other Contributory Causes of importance:
ructi	(State or country)	
nstı	E 13. NAME CRUMBULL. Felly.	
See i	14. BIRTHPLACE (city or town) Wythey Co. va.	Name of operation
-	(State of County)	What fest confirmed diagnosis?
ant. Se	15. MAIDEN NAME SELEN OWEN.	23, tf death was due to external causes (VIOLENCE) fill in also the following:
very important.	State or country)	Accident, sulcide, or homicide? Date ef injury
imi	Mallan Folts.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
very	17. INFORMANT Perryalle, and AD.	
	18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Z	Place Que Date 19. 19.	Nature of Injury
TION is	19. UNDERTAKER SHELL A GULLIANU	24. Was disease or injury in any way related to occupation of deceased
	(Address) Permanella, Mela.	(Signed) 2. Magraw, M.
	20. FILED 7/1, 193// X Haudis Registrar.	(Address) Jusy fle Mely
	If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. & No. 1.

MARGIN RESERVED FOR BINDING

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9"			
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Gallstones	May 1,1923	Gastroenteritis	1 year

### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

(Approved by U. S. Census and American Public Health Association.)

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V. S. No. 1

PLACE OF DEATH	16672 STATE OF MARYLAND
County Chil	CERTIFICATE OF DEATH
Y	Registration Dist. No.
Village or City Union Hampfulal C	St: Ward)  (If death occurred in a hospital or institution, give its NAME instead of street and
2FULL NAME William Hen	derobie steat of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
MALE BLACK SINGLE. MARRIED, SINGLE MARRIED, OR DIVORCED (Write the word)	16 DATE OF DEATH SEP 20, 1931 (Month) (Day) (Year)
6 DATE OF BIRTH	17 HEREBY CERTIFY, That I attended the deceased from
anknown, 1	DS/ 192/. to DS/ 192/,
(Month) (Day) (Year)	that I last saw h alive on San Jones, 192, 193
7 AGE    If LESS than   I dayhrs. ormin.?	and that death occurred on the date stated above, at 6.42 M/m. The CAUSE OF DEATH * was as follows:
B DCCUPATION (a) Trade, profession or particular kind of work	Chimin Instructive!
(b) General nature of industry State 100 and.	J. J
business, or establishment in which employed or (employer)	(Duration) yrs. mos ds.
9 BIRTHPLACE (State or country)	Contributory Secondary  Defration) yis inos f. ds.
10 NAME OF FATHER MANAGEMENT	(Signed) Jan Har ffrage M. D.
II BIRTHPLACE OF FATHER	*State the l'isease Causing Death, or, in deaths from
Z (State or country)	Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
12 MAIDEN NAME OF MOTHER	18 LINGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country)	At place of deathyrsmosde. Stateyrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, it not at place of dea h? Cowlandwelle, Md
(Informant) I Jassilat record	Former or usual residence  19 PLACE OF BURIAL OR REMONAL DATE OF BURIAL
(Address)	(1) h/ act co. Sent 21 1931
15 Fileden V 2/ 1981 / But Buce	20 UNDERTAKER  APPRESS
Régistra	All toppin. Imported.
If more banks are needed, addre.s Ltate Registrat	, 16 W. Saratoga/St. Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

to report specifically the occupations of persons enlaborer, state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook ployed, as At school, or At home. Care should be taken whatever, write Nonc. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "For man," "Manager," "Deal-Spinner, (b) Colton mill; (a) Sulesman, (b) Grocery; should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the Housemaid, etc. nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, the first line will be sufficient, e g. Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quoscupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Foreman, or At Home, and children, For many occupations a single word or term on yrs). Farm laborer, Laborerwithout more precise specification as Day For persons who have no occupation (b) Automobile factory. The materia If the occupation has been changed -Coal mine, etc. Wom-Locomolive not gainfully emengineer,

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise se. E. amples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebros inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar preumonia, Bronchopneumonia ("Pneumonia,"

> (Recommendations on statement of cause of death approved by Committee on Nomenclature as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Drops;, "E:haustion," "Heart failure," "Ifaemorrhage, atic), "Atrophy," "Collapse," "Com2," "Convulsions, st_ted unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of American Medical Association.) Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was under-10 ds. Never report mere symptoms or terminal condi-(secondar/ or intercurrent) affection need Chronic interstitial nephritis, ..... (name origin; "Cancer" is less definite; avoid can be ascertained as the cause. tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Whooping unqualified, is indefinite); Tuberculosis of lungs, men-FOR VIOLENT DEATHS State MEANS OF INJULY cough; Chronic etc. The contributory valvular Always qualify all heart disease; not be

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

BINDING

FOR

IARGIN RESERVED

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, mackinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and relate of importance were as follows:	d. causes Date of onset	The principal cause of dcath and related causes of importance were as follows:	Date of onset
Arteriosclerosis BURE	AU V 31915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance	e:	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL S	SPACE !	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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4 te 7	STATE OF MARYLAND—	CERTIFICATE OF DEATH
infor stat UPA	1. PLACE OF DEATH	(75)
	County Cecycl	Registration Dist. No. 93
should f OCC	Village of Cores Rising Sun	No. St., Ward
/= 0	/ (If	death occurred in a hospital or institution, give its NAME instead of street and number)
Every CIANS ement	Length of residence in city or town where death occurredyrs,mos.	ds. How long in U.S. if of foreign birth?yrsmosds.
Every CIANS tement	2. FULL NAME Usarray Kittenhouse	2 Mc Cummings
ED. Every YSICIANS statement	(a) Residence: No. N. 4/ W.4/ Kising Sun,	Mare. Ware.
OH.	(Usual place/of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH
Exac	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED.	21. DATE OF DEATH /
	male white OR DYVORCED ("write the gord)	Sept 22 193/
ed TE G	5a. If marriad, widowed, or divorced HUSBAND of	Month) (Day) (Yaar)
Si C A) D	HUSBAND of Emma Reeder McCumming	22.   HEREBY CERTIFY, That I attended deceased from
clas C N	Comme Meeter in comming	, 19, to, 19, 19
BI BE BI	6. DATE OF BIRTH (month, day, and year) Oct 11, 1860	I last saw h alive on about
OR B. ated E. coperly	7. AGE Years Months Days If LESS than 1 day, hrs.	to have occurred on the date stated abovo, at
FO IS star	70 // // or min.	were as follows Date of onset
D S e e E	8. Trada, profession, or particular kind of work done, as SPINNER,	alcoholism and laposure 9-20-3
E H H H	SAWYER, BOOKKEEPER, etc.	
b ma	work was done, as SILK MILL, Feeding Stock	gruesigation.
RESER G INK- GE shou that it m	10. Oate deceased last worked at $9/21/3$ , 11. Total time (years) spent in this	7 Welney Freser Coroner
RE I	year)	Other Contributory Causes of importance:
NRGIN R NFADING plied. AC rms, so th instruction	12. BIRTIPLACE (city or town) She store Con. Pa	0
GID 'AI ed. tru	(State or country)	
	13. NAME Elmos M-Cummings	
M. Sul	14. BIRTHPLACE (city or town)	Name of operation Oate of
Ily suplain	(Grand of Country)	What test confirmed diagnosis? Was there an autopsy?
W Weefu	15. MAIDEN NAME Compra Morrison 16. BIRTHPLACE (city or town) Unlesson (State or country)	23. If death was dua to external causes (VIOLENCE) fill In also the following:
INLY, W be careful in portant	O 16. BIRTHPLACE (city or town) Ultimustron  (Stata or country)	Accident, suicide, or homicide?
AINLY, Id be car DEATH y import	h. E Phice '	Whera did injury occur? (Specify city or town, county and State)
	17. INFORMANT Mis. Comma 11. M-Cumming	Specify whether injury occurred in INOUSTRY, In HOME, or in PUBLIC PLACE.
FLA Should OF D	(Address) 17 + 1 Rusing Sun Md.  18. BURIAL, CREMATION, OR REMOVAL  1)	Manner of injury
	Place Brookween and Date Slept 25, 1931	Nature of injury
-WRITE mation s CAUSE TION is	0.6.74222	24. Was disease or injury in any way related to occupation of deceased?
	19. UNDERTAKER (Address) Reside Same And	If so, specify
S. No.	1.21010 - 24	(Signed) M. D.
i z (T)	20. FUED Registrar.	(Address)
	THE TURN OF THE PERSON OF THE	3412 N. Charles Street, Baltimore, Requesting V. S. No. 1.
	Jemmi issued 9-14-19	3/

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Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis  Chronic interstitial nembritis BUILLAU V. S.	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis 50 h.	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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2

(Approved by U. S. Census : nd American Public Health Association.)

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telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The n.ture of the injury, approved by Committee on accident; Revolver wound of head-homicide; Poisoned by diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," "E:haustion," "Heart failure," "Iiaemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease American Medical Association.) (Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., sepsis, or as probably such, if impossible to determine definitely. and qualify as accidental, suicidal or Homicidal, taken. For violent deaths state means of injuly State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," 10 ds. Never report mere symptoms or terminal condist.ted unless important. Example: Measles (disease Examples: Accidental drowning; Struck by railway traincausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, Whooping use of "Tumor" for malignant neoplasms); unqualified, is indefinite); Tuberculosis of lungs, men-(secondar/ or intercurrent) affection need not be perilonaeum, etc., Carcinoma, Sarcoma, etc., of ... (name origin; "Cancer" is less definite; avoid cough; Chronic etc. The contributory valvular heart disease; Nomenclature Measles;

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S. No.

PHYSI-

PLACE OF DEATH	10674 STATE OF MARYLAND
County Claud	(97) CERTIFICATE OF DEATH
m / ve rou	Registration Dist. No.
Village or City Clotte (No	St.: Ward) (If death occurred in a hospital or institu-
2FULL NAME SUSON T. MULL	stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RAGE 5 SINGLE, MARRIED, WIDOWED. OR DIVORGED (Write the word)	16 DATE OF DEATH Settlem 1 19931  (Month) (Day) (Year)
Aug 10, 1853 (Mg/hth) (Day) (Year)	that Plast saw has alive on Res 31 19231,
7 AGE    If LESS than   I dayhrs.   ormin.?	and that death occurred on the date statedabove, atm. The CAUSE OR DEATH * was as follows:
(a) Trade, profession or A House particular kind of work  (b) General nature of industry business, or establishment in which employed or (employer)  9 BIRTHPLACE (State or country) Many Land	(Duration) John John de.  Contributory Orders - Schauses
10 NAME OF FATHER HASSBY EVALUE  11 BIRTHPLAGE OF FATHER (State or country) Manyland  12 MAIDEN NAME OF MOTHER OF MOTHER OF MOTHER	(Signed)
13 BIRTHPLACE OF MOTHER (State or Country) 20 information	ients or Recent Residents)  At place of deathyrs
(Informant) Mrs Lilie Starling  (Address) Eleton ned	Former or usual residence
Filed H 1939 Snaul Soy 2 Registras	20 UNDERTAKER H. W. Pippin Elkton M.
If more b.anks are needed, addre. s Ltage hegistra	r, 16 W. Saratoga St., Balto., Kequesting V. S. No. 1.

(Approved by U. S. Census : nd American Fublic Health Association.)

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Strtement of Cause of Death—Name, first, the Dis-EART CAUSING DEATH (the primary affection with respect to time and eausation), using always the same accepted term for the same dise se. E. amples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebros inal meningitis"); Diphtheria (avoid use of "Croup"); Ty, hold fever (never report "Typhcid Pneumonia"); Lobur Treumonia, Bronchopneumonia ("Pneumonia,")

> approved by Committee on Nomenclature American Medical Association.) diseases resulting from childbirth or misearriage as "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("E:haustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy." "Collapse," "Com2," "Convulsions," st_ted unless important. Example: Measles (disease telanus) may be stated under the head of "eontributory." carbolic acid-probably suicide. The nature of the injury, aecident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. use of "Tumor" for malignant neoplasms); ..... (name origin; "Caneer" is less definite; avoid and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was underean be ascertained as the cause. eausing death), 29 ds.; Bronchopneumonia (seeondary), (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway train-(secondary or intercurrent) Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, menperitonaeum, etc., Careinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJULY cough; Chronic affection need not be ete. The contributory valvular Always qualify all heart Measles; disease;

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### STATE OF MARYLAND

PLACE OF DEATH	STATE OF MARYLAND
County Ceril	
County Cell	CERTIFICATE OF DEATH
	Registration Dist. No. 4)
P and	
Village or City Conounga No	St: Ward) (If death occurred in a hospital or institu-
2 2 0 - 1	tion, give its NAME in-
2 FULL NAME Wesley Cotwood	Montgomer number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
S SEX 4 COLOR OR RACE 5 SINGLE.	16 DATE OF DEATH
MARRIED. WILDOWED. WILDOWS	SUST. 24, 1931
Male While (Write the word)	(Month) (Day) (Year)
	17 In HEREBY CERTIFY, That I prended the deceased from
DATE OF BIRTH	
Tel 17 1854	192 1. to 2 7 198 /
(Month) (Day) (Year)	that I last saw helleslive on Sept 23 193 1
7 AGE [If LESS than	and that death occurred on the date stated above, at 12. Q.m.
1 day hrs.	The CAUSE OF DEATH * was as follows:
yrsmosds. ormin.?	10. a. of 1+
OCCUPATION	Chillian J floringer
Val Trade profession or	
particular kind of work the Telfser	
(b) General nature of industry	
business, or establishment in which employed or (employer)	(Duration) / yrs ds.
	Contributory Melecopor
BIRTHPLACE (State or country)	Secondary
Asy Jondon Ca,	(Duration) / yrs. V mos. U.ds.
10 NAME OF	(Signed) f- T. Snoggenst M. D.
FATHER Lohn & Montsomery	No contract of
II BIRTHELACE	State 1 4.193 (Address) Court Time
OF OF OTHER	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether
Z (State or country)	Accidental, Suicidal or Homicidal.
12 MAIDEN NAME OF MOTHER	1B LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
a man fenness	ients or Recent Residents)
13 BIRTHPLACE	At place in the
OF MOTHER (State or Country)	of deathyrsmosds. Stateyrsmosds.
4 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not st place of death?
THE ABOVE IS TRUE TO THE BEST OF MIT KNOWLEDGE	Former or
(Informati Undrew Fullon	ususl residence
(Informatic Control of	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) Conouncy) and	8 - +0 1 Pa 10,496.21
-A	Costand Willer
5 6 April 10004	20 UNDERTAKER ADDRESS

more branks are negled, address State Registrar 16 W. Saratoga St., Balto., Requesting V. S. No. 1

H UNFADING INK--THIS MARGIN RESERVED

FOR BINDING

-Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

zi Zi

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). For persons who have no occupation should be used only when needed. As examples: (a) fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Houseward, etc. If the occupation has been changed ployed, as At school, or At home. Cure should be taken definite salary), may be entered as Housewife, House laborer, Furn laborer, Loborer-Coal mine, etc. Wom-en at Lome, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective or whatever, write None. busine , that fact may be indicated thus; Farmer (rehousehold only (not paid Housekeepers who receive a r," etc., report specifically the occupations of persons en-Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on especially in industrial employments, it is neceswithout more precise specification as Day (b) Automobile factory. The material (a) the kind of work and also (b) the Salesman. Locomotive engineer, (6) Grocery,

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The n ture of the injury, (Recommendations on statement of cause of aecident; Revolver wound of head-homicide; Poisoned by diseases resulting from childbirth or misearriage as "Puerperal septicacmia," "Puerperal peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
> "Exhaustion," "Heart failure," "Haemorrhage,"
> "Inanition," "Marasmus," "Old Age," "Shock,"
> "Uraemia," "Weakness," etc., when a definite disease American Medical Association.) approved by Committee on Examples: Accidental drowning; Struck by railway train or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease (secondar; or intercurrent) affection need not be Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Meusles; ..... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menas fracture of skull, and consequences (e.g., sepsis, "Atrophy." "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi cough; Chronic valvular heart disease; etc. The Nomenclature contributory

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH should County Registration Dist. No. (If death occurred in a hospital or institution, give its NAME instead of street and number) PHYSICIANS Length of residence in city or town where death occurred ement ds. How long in U.S. if of loreign birth? 2. FULL NAME (a) Residence: No. If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIOOWED. 21. DATE OF DEATH OR DIVORCED (write the word) Month) (Oav) 5a. If marriad, widowad, or divorced HUSBANO of 22. I HEREBY CERTIFY. That I attended decaased from (or) WIFE of certificate. 6. DATE OF BIRTH (month, day, and year) 7. AGE II LESS than Months Oavs to have occurred on the data stated above, at 4 A. m stated 1 day .... hrs. The PRINCIPAL CAUSE OF DEATH and related causes of Importance or _____nin. Date of onset Trada, profession, or particular kind of work done, as SPINNER SAWYER, BOOKKEEPER, atc. 9. Industry or business in which pluods may work was done, as SILK MILL SAW MILL, BANK, etc ... 10. Oate deceased last worked et On 11. Totel time (years) this occupation (month and spent in this that occupation ..... instructions Other Contributory Causes of importance 12. BIRTHPLACE (city or town) (Stata or country) supplied FATHER 13. NAME 14. BIRTHPLACE (city or town). (State or country) be carefully What test confirmed diagnosis? ..... Was thera an autopsy?___. MOTHER important. 15. MAIDEN NAME 23. If death was dua to external causes (VIOLENCE) fill in also the following: 16. BIRTHPLACE (city or town) (Stata or country) Where did injury occur? On North 6as (Speaty city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or In PUBLIC PLACE plnods 17. INFORMANT (Address) OF 18. BURIAL, CREMATION, OR REMOVAL mation  $\overline{S}$ MOIL Nature of injury 24. Was disease or injury in any way related to occupation of deceased? 19. UNDERTAKER (Address) Registrar. (Address)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

BINDING

FOR

MARGIN RESERVED

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Ccrebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
har 5			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

S. No. 1

1. PLACE OF DEATH

County

STATE OF MARYLAND—CERTIFICATE OF DEATH

Registration Dist. No.

193

(Year)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example 1		Example II	
The principal cause of death and related of importance were as follows:	Causes Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYS	ICI	Al	Ą
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infor- state UPA.	STATE OF MARYLAND—	CERTIFICATE OF DEATH
	1. PLACE OF DEATH	107-2
should	County ( ecl	Registration Dist. No. 73
item shot	Village or City Tusing Sun	NoSt.,Ward feath occurred in a horpital or institution, give its NAME instead of street and number)
202 4	Length of residence in city or town where death occurred	
RD. Every YSICIANS	2. FULL NAME Ruth Virginia R	ley
SIC ate	(a) Residence: No. /a suis sun and	Øt., Ward.
	(Usual place of abode)	If nonresident give city or town and State
Fract Exact	PERSONAL AND STATISTICAL PARTICULARS  3. SWX 4. COLOR OR RACE 5. SINGLE. MARRIED. WIDOWED.	21. DATE OF DEATH
E	Lemale white OR DIVORCED (write the word)	(Mooth) (Day) (Year)
DING ANEN Ssifted.	ba. If married, widowed, or divorced HUSBAND of (or) WIFE of	22 I HEREBY CERTIFY That I Mended deceased from
Cha KM	6. DATE OF BIRTH (month, day, and year) Nov. 11, 1930	last saw har alive on John 1931; death is sain
	7. AGE Yeers   Months   Days   If LESS than   1 day	to heve occurred on the date stated above atm.
FOR IS A I stated proper ertifica	/ / / ormin. /	The PRINCIPAL CAUSE OF DEATH and related couses of importante were as follows:
- 10 /	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	1931
E E TO A H	9 Industry or husiness in which	Malnulation (1)
ERV VK—1 should it may it may	work was done, as SILK MILL, SAW MILL, BANK, etc.	0.
SH H B T O	10. Date deceased last worked at this occupation (month and year) spent in this occupation	Mulas
ARGIN RESTONE INTENDING INPUTED AGE ETMS, so that instructions of	Pining N	Other Contributory Causes of importance:
ADIN d. A d. A t, so t	12. BIRTHPLACE (city or town) 1. CONTROL STATE OF COUNTRY)  (State or country)	for Inumina ?
MARGIN UNFADI supplied. n terms, so ee instruct	13. NAME Granville Rilled.	
Z P E + a	13. NAME Stanville Ruley  14. BIRTHPLACE (city or town) Which of the standard	Name of operation Dete of
lain S	(State of country)	What tele confirmed diagnosis?
INCY, WIT be carefully EATH in pla	15. MAIDEN NAME (La May Harman  16. BIRTHPLACE (city or town) Consocrepge	23. If death was due to externel causes (YIOL ENCE) fill In also the following:
Car,	16. BIRTHPLACE (city or town) Constouring (Stete or country)	Accident, suicide, or homicide?
AINLY, d be can DEATH	mr lp pilest.	Where did injury occur? (Specify city or town, county and State)
PLA hould OF D	17. INFORMANT 11. (Address) Pising Sun MA	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
F-1 00	18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
WRITE nation s AUSE	Place Tubully Morate Slfs 13.193/	Nature of injury
-WRITE mation s CAUSE TION is	19. UNDERTAKER L. G. J. YSON	24. Was disease or injury in any way related to occupation of pecessed
B. B.	(Address) Rusing Slen, mag	If so, specify
Z Z	20. FILED 9-12 1931	(Signed) M. I
7	If more blanks pre-needed, address State Resister.	(Address) V. M. (Address) V. (Addr
	femme would be added and the state of the st	4121). Orarles Street, Baltimore, Requesting D. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	152	Example II	
The principal cause of death and related ca of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis PITERAU	1921	Run over by street car	1 week ago
Cerebral hemorrhage	= July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

S No. 1

>

N. B.--

PLACE OF DEATH	3 10652 STATE OF MARYLAND CERTIFICATE OF DEATH
County	Registration Dist. No. G
Village or City Selkton (No. 25 U.M.)  2FULL NAME	Ward)  (If death occurred in a hospital or institution, give its NAME isstend of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH Seflewhee 13, 1981  (Month) (Day) (Year)
6 DATE OF BIRTH  September 13, 1931  (Month) (Day) (Year)	that Max saw h alive on, 192, 192,
7 AGE	and that death occurred on the date stated above, at
6 OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in	(Duration) yrs. mos. ds.
which employed or (employer)  9 BIRTHPLACE (State or country) Maryland	Contributory Secondary  Duration  yrs
10 NAME OF asker Starley Coheres	(Signed) M. D.
OF FATHER (State or country) Maryland	State the l'is ase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Natural Accidental, Suicidal or Homeidal.
of MOTHER Levelyn Love Plumber	IN LENGTH OF RESIDENCE (For Hospitals, Institutions, Trumpients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country)  (State or Country)	At place of deathyrsmosds. In the Stateyrsmosds.  Where was disease contracted,
(Informant) Engaletul. Hesvart	if not at place of dea h?  Former or usual residence
(Address) Horpital	Parento, 19
15 File Sept 15 1931 J. Bauf Baya	20 UNDERTAKER ADDRESS
16 1 1 and added a text a blackets	18 W. Saratoga St., Balto., Lequesting V. S. ho. 1.



(Approved by U. S. Census : nd American Fublic Health Association.)

whatever, write Nonc. business, that fact may be indicated thus; Farmer (re state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken laborer, Farm laborer, Laborer—Coal mine, etc. Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons endefinite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the Spinner, (b) Colton mill; (a) Salesman, (b) should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the household only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "For man," "Manager," "Dealnature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e g.. Farmer or Planter, tion applies to each and every person, irrespective ci fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Foreman, (b) Automobile factory. The material or At Home, For many occupations a single word or term on yrs). without more precise specification as Day For persons who have no occupation and children, not gainfully em-Grocery; Wom-

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Example I  The principal cause of death and related causes of importance were as follows:  Atteriosclerosis		Example II		
			of importance were as follows:	
Arteriosclerosis	1	1915	Attack of epilepsy	1 week ago
Chronic interstitial neg		1921	Run over by street ear	1 week ago
Cerebral hemorrhage	3 (80)	July 5,1927	Peritonitis	3 days ago
	BORDAU V &			
Other contributory	causes of importance:	,	Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

vi

FATHER

MOTHER

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No.

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Example 1		Example II		
The principal cause of death and related causes Date of onset of importance were as follows:			The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1	7 1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	BURRE	1921	Run over by street car	1 week ago
Cerebral hemorrhage		July 5,1927	Pcritonitis	3 days ago
Other contributory causes of	importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

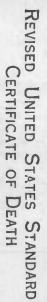
Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthema, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I  The principal cause of death and related causes of importance were as follows:			Example II	Date of onset
			The principal cause of death and related causes of importance were as follows:	
Arteriosclerosis	Using the second	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis		1921	Run over by street car	1 weck ago
Cerebral hemorrhage	BURSALIV	July 5,1927	Peritonitis	3 days ago
	3			
Other contributory causes	of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

S No. 1

PLACE OF DEATH County.	STATE OF MARYLAND CERTIFICATE OF DEATH
- 14	Registration Dist. No. 72
Village or City & LOUM (No. )	ward) (If death occurred in a hospital or institution, give its NAME in stend of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH 2 2 21/192 /
6 DATE OF BIRTH  DLC  (Month)  (Day)  (Year)	(Month) (Day) (Year) (Y
7 AGE    If LESS than   I day hrs. or min.?	
BOCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in	(Durstion) yrs. mos / ds
9 BIRTHPLACE (Ntate or country)	Contributory Sardine Nylents Secondary  L. Durston) 3 vis. 500 de.
10 NAME OF FATHER Cheneyes Wherry	(Signed) M. D.
OF FATHER  (State or country)  12 MAIDEN NAME  (1)	*State the Lisease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
OF MOTHER  13 BIRTHPLACE OF MOTHER (Name or Country)  (Name or Country)	18 LINGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)  At place of deathyrs
(Informant) David Wheny	it not at place of dea h?
(Address) Clbon 170 #5 MJ	Friend Cemetry Colvert M/ Sept 26. 193/
Filed Il 1921 Thous & Million	Joseph Phant houth East the r, 18 W. Sarafoga St., Balto, Requesting V. S. No. 1.



(Approved by U. S. Census and American Fublic Health Association.)

work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken er," etc., without more precise speciments. In laborer, Farm laborer, Laborer—Coal minc, etc. Women at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material fulness of various pursuits can be known. The quoswhatever, write None. tired 6 yrs). For persons who have no occupation business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons endefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a Never return "Laborer," "For man," "Manager," "Dealworked on may form part of the second statement. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, the first line will be sufficient, e.g., Farmer or Flanter, tion applies to e.ch and every person, irrespective ci cupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-For many occupations a especially in industrial employments, it is necessingle word or term on Locomotive engineer,

Strtement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemiz cerebross, inal meningitis"); Diphilheria (avoid use of "Croup") Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

(American Medical Association.) tions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," approved by Committee on Nomenclature of the telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as Accidental, suicidal or Homicidal, "PUERPERAL septicaemia," "PUERPERAL peritonitis, can be ascertained as the cause. Always qualify all "(E:haustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Drcpsy," ("E:haustion," "Heart failure," "Haemorrhage," causing death), 29 ds.; Bronchopneumonia (secondary), (secondar or intercurrent) affection need not be st.ted unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); as fracture of skull, and consequences (e.g., sepsis Examples: Accidental drowning; Struck by railway train-State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as Chronic interstitial nephritis, Whooping cough; ..... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-Recommendations on statement of cause of perilonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS STATE MEANS OF INJU.X Chronic valvular heart disease; etc. The contributory " "Convulsions, Measles;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

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